UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

	20 CV 0995
Contis McDaniel	20 CV 0995
Write the full name of each plaintiff.	CV
	(Include case number if one has been assigned)
-against-	
MYC Ecc Deportment	COMPLAINT
14/00/01/0	Do you want a jury trial?

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic count files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



☐ Yes

□ No

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

☑ Federal Question	
☐ Diversity of Citizenship	
A. If you checked Federal Question	
Which of your federal constitutional or federal statutor The Hand 14th Amendment	he right to be
Secure in my home	0
B. If you checked Diversity of Citizenship	
1. Citizenship of the parties	
Of what State is each party a citizen?	
The plaintiff, Contis Mangarel	, is a citizen of the State of
(Plaintiff's name)	
(State in which the person resides and intends to remain.	
or, if not lawfully admitted for permanent residence subject of the foreign state of	in the United States, a citizen or

If the defendant	is an individual:			
The defendant,			, is a citizen of th	na Stata af
	(Defendant's name)			ie State OI
or, if not lawfully subject of the for	y admitted for permeign state of	anent residence i	n the United States, a ci	tizen or
If the defendant is	s a corporation:			
The defendant,			, is incorporated under	the laws of
the State of				
and has its princi	pal place of business			
or is incorporated	l under the laws of (foreign state)		
and has its princi	pal place of business	s in		
If more than one do information for each	efendant is named in t ch additional defendar	the complaint, atta	ch additional pages provi	
II. PARTIES				
A. Plaintiff Info	rmation			
Provide the following pages if needed.	ng information for ea	ch plaintiff named	in the complaint. Attacl	additional
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irst Name	Middle Init	tial Last N	lame	
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ishkill	The state of the s	lew York	120011-0001	C
County, City		State	Zip Code	<u>)</u>
		Cols-McI	Janiel about	m: 1 /n =
elephone Number		Email Address	(if available)	midti 60th

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	John Doe		
	First Name	Last Name	
	Fire Departmer		highter
	Current Job Title (or other iden	tifying information	ph 1
	250 Last 16	4 East	102nds+
•	Current Work Address (or othe	r address where	defendant may be served)
	New York	New Y	0010
	County, City	State	Zip Code
Defendant 2:	Jehn	10co	
	First Name	Last Name	
	Fire department		Fighter
	Current Job Title (or other iden	tifying informatio	n) 🔿
	164 East 100 m		
	Current Work Address (or other	address where o	efendant may be served)
	New York	Now Yor	le
	County, City	State	Zip Code
Defendant 3:	Vane	Joe	
	First Name	ast Name)
	Polic officer of	3 precie	
	Current Job Title (or other ident	ifying informatio	n)
	164 test 102"	y Street	
	Current Work Address (or other	address where d	efendant may be served)
	New York	Now You	k
	County, City	State	Zip Code
e e			

Defendant 4:	John		oe		
	First Name	Last	Name	/	
		icer ()B	precien	t	
	Current Job Title (ng information)	
			ree where do	fendant may be se	
	NowYork		Ve as You	Color may be se	rved)
	County, City		State	Zip Code	
III. STATEMEN	NT OF CLAIM		4		
Place(s) of occurre	ence: 60 Ec	25 10300	Street	apt UN	
				•	
Date(s) of occurre	nce: <u>feb</u> g	5 2019,	July 11	2018, March	2019
FACTS:			1		
State here briefly	the FACTS that sup	port your case. [Describe what	happened, how yo	u were
harmed, and what additional pages if	: each defendant po	ersonally did or f	ailed to do tha	at harmed you. Att	ach
	\ ₁ \(\theta\)	1		•	
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vorrent to a	St my dog	hot my	hose a	uas Search	Then
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each time they broken my day was hit by
the door to the apartment she has been
very scarced after each event and since
each event of everyone
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
The interest was to me of a first
The injuries were to my dog and property
in my home also the effect door and than
in my home also the effect door and than
and lock/cycliver. My dog has been acting
In my home also the effect door and from and lock (cycliver. My dog has been active funny ever since than, so mental distress/
In my home also the effect door and from and lock (cycliver. My dog has been active funny ever since them, so mental distress/ angush IV. RELIEF
In my home also the entire door and from and lod (cycliver. My dog has been acting funny ever since through So mental distress) IV. RELIEF State briefly what money damages or other relief you want the court to order.
In my home also the effect door and from and lock (cycliver. My dog has been active funny ever since them, so mental distress/ angush IV. RELIEF
In my home also the entire door and from and lod (cycliver. My dog has been acting funny ever since through So mental distress) IV. RELIEF State briefly what money damages or other relief you want the court to order.
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In my home also the entire door and from and lod (cycliver. My dog has been acting funny ever since through So mental distress) IV. RELIEF State briefly what money damages or other relief you want the court to order.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayment of fees, each plaintiff must also submit an IFP application.

OLDGO

Dated

Plaintiff's Signature

Plaintiff's Signature

McDanje

First Name

Middle Initial

Last Name

Down State

Correctional Facility Bux F head school flowre

Street Address

New York

Day Code

County, City

State

Zip Code

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically: ☐ Yes ☐ No

Telephone Number

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

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DOWNSTATE CORRECTIONAL FACILITY

BOX F

RED SCHOOLHOUSE ROAD FISHKILL, NEW YORK 12524,0445

DOWNSTATE

NEOPOST

FIRST-CLASS MAIL 01/30/2020

CORRECTIONAL FACILITY

Pro se Intake Unit 500 Pearl Street

New York, New York, 10007

iccorrials cold

DIN:Q

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